			Application or Docket Nur					ıper					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10,720818					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		• •	OR	OTHER	THAN
TOTAL CLAIMS			12					RATI	E	FEE	7	RATE	FEE
FO	R		NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	EE 3	85.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	12 minus 20=		•		•	X\$ 9	_		OR	X\$18=	
INC	EPENDENT C	LAIMS			•			X43=		NC F	OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT						+145=		OR	+290=	
• If	the difference	in column 1 is	less than z	ess than zero, enter "0" in			TOTAL				OR	TOTAL	720
/ / CLAIMS AS AMENDED - PART II												OTHER	
12/5/05 (Column 1) (Column 2) (Column						(Column 3)		SMAL	T EN	Ш	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE
OME	Total	· /2	Minus	** 6	(()	- /		X\$ 9=		T	OR	X\$18=/	,
MEN	Independent	.3	Minus	2	<u>~</u>	-/		X43=	+	+	1	X86≠	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM				+	+-	OR	/	
7								+145=			OR	+290=	
1, 1)						. TOYA				Į_	OR	ADDIT. FEE	
	12-15-05	(Column 1)		(Cotum		(Column 3)					- 1	<u>/</u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIC PAID I	BER	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
S S	Total	. 13	Minus	** 7	29	• 0		X\$ 9=			OR	X\$18=	
AME	Independent	• 3	Minus	eso DENDENC	3	• 0		X43=	T		OR	X86=	
	FIRM PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=			OR	+290=	/
							A	TOTA	¥_		OR	YOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											•		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	٠.	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
MO	Total		Minus	-		a .	_ [X\$ 9=			OR	X\$18=	
9	Independent		Minus	1000		•	t	X43=	+			X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ŀ		╂—		OR		
+145=											OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Tithe "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT, FEE	
7	the "Highest Num	mber Previously Pai ober Previously Paid	d For IN THE d For (Total or	3 SPACE is i tndependi	i less the int) is the	in 3, enter 3." highest number	four	nd in the a	sppropr	iate bor	t in cot	umn 1.	

Patient and Trademath Office, U.S. DEPARTMENT OF COMMERCE